

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/583173

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2		b	b			
3		b	b			
4	1		1			
5		b	b			
6		b	b			
7		b	b			
8		b	b			
9		b	b			
10		b	b			
11	1		1			
12		b	b			
13		b	b			
14		b	b			
15		b	b			
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50						
TOTAL IND.			3			
TOTAL DEP.			17			
TOTAL CLAIMS			20			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						